IN THE UNITED STATES PATENT AND TRADEMARK OFFICE OPCT 3 0 JAN 2008

Atty SCS-124-1153

C# M#

BRUNSON ET AL. IAN 9 0 2008 JU TC/A II 2862

BRUNSON ET AL. JAN 90 2000 TC/A.U. 2862

Serial No. 10/572,379 Examiner: K. Whittington

Filed: March 16, 2006 Date: January 30, 2008

Title: RESONANT MAGNETOMETER DEVICE

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

☐ Correspondence Address Indication Form Attached. Fees are attached as calculated below: Total effective claims after amendment 29 minus highest number previously paid for 27 (at least 20) = x \$50.00 \$100.00 (1202)/\$50.00 (2202) \$ 100.00 Independent claims after amendment minus highest number previously paid for (at least 3) =x \$210.00 \$0.00 (1201)/\$0.00 (2201) \$ 3

\$370.00 (1203)/\$185.00 (2203) \$
Petition is hereby made to extend the current due date so as to cover the filing date of this

paper and attachment(s)

One Month Extension \$120.00 (1251)/\$60.00 (2251)

If proper multiple dependent claims now added for first time, (ignore improper); add

Daper and attachment(s) One Month Extension \$120.00 (1251)/\$60.00 (2251)

Two Month Extensions \$460.00 (1252)/\$230.00 (2252)

Three Month Extensions \$1050.00 (1253/\$525.00 (2253)

Four Month Extensions \$1640.00 (1254/\$820.00 (2254)

Five Month Extensions \$2,230.00 (1255/\$1115.00 (2255) \$ 460.00

Terminal disclaimer enclosed, add \$130.00 (1814)/ \$65.00 (2814) \$

Applicant claims "small entity" status.
Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee \$180.00 (1806) \$ 0.00

Assignment Recording Fee \$40.00 (8021) \$ 0.00

Other: \$ 0.00

TOTAL FEE \$ 560.00

⊠ CREDIT CARD PAYMENT FORM ATTACHED.

The Commissioner is hereby authorized to charge any <u>deficiency</u>, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A <u>duplicate</u> copy of this sheet is attached.

901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 Facsimile: (703) 816-4100

SCS:kmm

NIXON & VANDERHYE P

By Atty: Stanley C. Spoppy

Signature:

01/31/2008 GFREY1 00000134 10572379

01 FC:1615 02 FC:1252 100.00 OP 460.00 OP